



State of Rhode Island
Department of Business Regulation



**DIVISION OF COMMERCIAL LICENSING AND REGULATION
ALARM SECTION**

233 Richmond Street, Suite 230
Providence, Rhode Island 02903-4230
Telephone (401) 222-2416 Facsimile (401) 222-6654
www.dbr.state.ri.us

APPLICATION FOR ALARM BUSINESS LICENSE

TO AVOID DELAY READ CAREFULLY AND COMPLY WITH ALL INSTRUCTIONS

- This is a **THREE YEAR LICENSE**.
- This application is for an original license only. Requests for renewal must be made on renewal application forms
- Please print or type. No handwritten applications will be accepted.
- Each question must be fully and truthfully answered. Any material misrepresentation will be grounds for refusal or subsequent revocation of license. Attach additional sheets of paper if space provided for answer is not sufficient.
- Application fee of \$125.00. • License fee of \$300.00. • **Total fee of \$425.00**
- Make checks payable to "State of Rhode Island, General Treasurer."
- \$10,000.00 Surety Bond.
- Two (2) experience affidavits *If applicant does not meet the requirements of the experience affidavit, submit \$15.00 examination fee.
- Applicant must also file as an alarm agent and submit all of the alarm agent's required documents and fees. In addition to the above.

THE LICENSING LAW TITLE 5 CHAPTER 57 AND THE RULES AND REGULATIONS PERTAINING TO THE BURGLAR AND HOLD-UP ALARM LICENSE IS AVAILABLE IN OUR OFFICE FOR A FEE OF \$2.00 PER COPY. OR YOU MAY ATTAIN THEM THROUGH OUR WEB SITE AT @www.dbr.state.ri.us



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APPLICATION FEE \$125.00 LICENSE FEE \$300.00 TOTAL FEE OF \$425.00

CATEGORY OF APPLICANT (Check one of the following in each section) :

- (A) _____ Resident (B) _____ Individual (Signator must be individual)
_____ Non-Resident _____ Firm (Signator must be owner)
_____ Partnership (Signator must be general partner)
_____ Corporation (Signator must be principal officer)

NOTE: With reference to the above, if the signator of this application is a non-resident and does NOT operate any business in or is not employed in Rhode Island, this application must be cosigned by an approved individual possession the authority and responsibility to manage and operate the alarm business in this state. All of the information for the signator of this application shall ALSO be required of the cosignator.

1. _____ 2. _____
Name (Last) (First) (Middle) Social Security Number
3. _____
Residence (Street) (City/Town) (State) (Zip)
4. _____ 5. _____ 6. _____ 7. _____ Yes _____ No
Home Telephone Number Date of Birth Place of Birth Are you a U.S. Citizen?
8. Height: _____ 9. Weight: _____ 10. Color of Eyes: _____ 11. Color of Hair: _____
12. _____
Name and Address of Employer or Self-employment at time of application.
13. _____ 14. _____ 15. _____
Business Telephone Number Date of Employment Length of time Employed
16. _____
Business name and Principal office address under which applicant intends to operate (If different from #12)
17. _____ 18. _____ 19. _____ Yes _____ No
Date business commenced Business hours and days of operation Do you maintain 24 hour emergency service?
20. _____
NAME and ADDRESS OF INSURANCE COMPANY SUPPLYING SURETY BOND AND EPIRATION DATE.

APPLICATION CONTINUES ON NEXT PAGE...



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ALARM BUSINESS APPLICATION CONTINUED...

21. Have you read and do you understand the provisions of Title 5, Chapter 57 of the General Laws of Rhode Island pertaining to the regulation of alarm businesses and agents? ☐ Yes ☐ No

22. List all alarm branches or locations other than principal office where alarm business will operate in Rhode Island:

Branch	Address (Street, City, State, Zip)	Telephone Number
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Branch	Address (Street, City, State, Zip)	Telephone Number
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23. If business is a CORPORATION please complete this section in full:

Date of incorporation: _____ Place of incorporation: _____

List Principal officers of corporation and owners of 25% or more of stock:

Name	Address	Position or Title	Telephone Number
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Name	Address	Position or Title	Telephone Number
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24. Complete the following questions by checking the appropriate box. Explain any "yes" answers in detail on separate sheet (s) of paper and attach statement to this application.

☐ Yes ☐ No Have you ever been refused, suspended, or revoked a license, permit or identification card to operate an alarm business or to act as an agent of such business in this or in any other state or lawful jurisdiction?

☐ Yes ☐ No Has any individual, firm, partnership, corporation, or organization with which you are now or have been associated in any capacity, had an alarm business or alarm agent license, permit, or identification card refused, suspended, or revoked?

☐ Yes ☐ No Has any owner, partner, director, officer, member, or stockholder of applicant or applicant's alarm business ever had a license to operate as an alarm business or operate as an agent of an alarm business refused, suspended, or revoked?

☐ Yes ☐ No Have you ever been (1) indicted for and/or convicted of any crime other than a minor traffic violation, or (2) been indicted for and/or convicted of any felony or misdemeanor, or (3) convicted of any crime or moral turpitude, misrepresenting products or services or misappropriating or unlawfully converting monies of others?

☐ Yes ☐ No Have you knowledge of any individual associated with the applicant alarm business, either owner, partners, or principal corporate officer of the applicant or applicant's business, being indicted or convicted of any offense in any of the above.

APPLICATION CONTINUED ON NEXT PAGE...



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ALARM BUSINESS APPLICATION CONTINUED...

The Undersigned hereby apply/applies for license pursuant to the provisions of Title 5, Chapter 57 of the General Laws of Rhode Island and make (s) oath to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements hereto attached.

X _____
Signature of Applicant
(Individual, owner, general partner, or principal officer)

Date

X _____
Co-signator
(Authorized individual if signator is non-resident or is not employed in Rhode Island)

Date

Subscribed and sworn to at _____, before me this ____ day of _____, _____

Signature of Notary Public My Commission Expires: _____

APPLICATION CONTINUED ON NEXT PAGE...



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EXPERIENCE AFFIDAVIT

INSTRUCTIONS:

1. Applicant shall not complete this form. It shall be completed by citizens who can verify that the applicant or individual, owner, officer, manager, partner, or employee of the applicant fulfilling the experience requirement, has been engaged or employed in an alarm business in sales, installation, or service for an aggregate period of three (3) years prior to filing an application for an alarm business license. The person who satisfies this experience requirement must, by law, devote a substantial amount of his daily business or work time to engaging in and/or supervising the sale, installation, or servicing of alarm systems on behalf of the applicant.

2. Each person wishing to satisfy the experience requirement for any alarm business license must supply two (2) separate affidavits detailing his experience in this field. If the person has three (3) years of experience or a combination thereof from more than one state, two (2) affidavits will be required from each state where the person practiced or operated in an alarm business.

This is to certify and state that _____,
(APPLICANT'S NAME)

performed the services of: _____

Dates the above listed services were performed: _____
FROM TO

Name of person making affidavit: _____

Name of Company: _____ Phone: _____

Address: _____

Date X Signature of person making affidavit

Subscribed and sworn before me this _____ day Of _____, 20 ____.

X

Signature of Notary Public

Seal of Notary Public



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This is to certify and state that _____,
(APPLICANT'S NAME)

performed the services of: _____

Dates the above listed services were performed: _____
FROM TO

Name of person making affidavit: _____

Name of Company: _____ Phone: _____

Address: _____

Date X Signature of person making affidavit

Subscribed and sworn before me this _____ day Of _____, 20 ____.

X

Signature of Notary Public

Seal of Notary Public